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ABSTRACT

Presented in the first of two volumes are procedures and forms designed to assist Oregon school districts in complying with P.L. 94-142 (Education of All Handicapped Children Act) in developing special education programs. The volume is divided into six sections: preliminary steps, screening, referral, multi-disciplinary assessment, individualized education program (IEP) development/placement, and IEP and placement review. Each of the six sections include a brief introduction describing content and a rationale for procedures. Procedures are displayed in columns entitled Steps (procedural, well sequenced steps a district might follow in screening, referral, assessment, IEP development and annual review), Who (the person within the district who would have the responsibility for completing the step), When (the time frame in which the activity is to be completed), and Guidelines/Comments (which refers the user to Volume II--Support Packages and provides comments which emphasize or verify an important point). Procedures/steps that are required under federal and/or state law have been shaded. Also provided are procedures flow chart, a set of suggested forms to accompany procedural steps, and a glossary of terms. (SBH)

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Recommended Procedures for the Administration of Special Education Programs in Oregon: Screening, Referral, Multi-Disciplinary Assessment, IEP Development, Placement and Re-Evaluation

Volume I: Procedures and Forms

September, 1977

Special Education and Special Schools Division
Oregon Department of Education
942 Lancaster Drive NE
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Verne A. Duncan, State Superintendent
of Public Instruction

EC103076

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This document was developed with the assistance of the Northwest Regional Resource Center, Eugene, Oregon, pursuant to Contract Number OEC-0-74-7891 with the Department of Health, Education and Welfare, Bureau of Education for the Handicapped. However, the opinions expressed herein do not necessarily reflect the portion or policy of the U.S. Office of Education and no endorsement by the U.S. Office of Education should be inferred.

FOREWARD

With the advent of the new Public Law 94-142, we have gained the wherewithal and legal support to ensure that every handicapped child receives an appropriate educational program through the public schools. This marks a major development in the history of public education.

These recommended guidelines have undergone extensive review and input prior to publishing. They have been field tested in several districts and proven effective as means to implement the new public law in school districts.

We especially appreciate the help of the Northwest Regional Resource Center, University of Oregon. They have given the Department their ongoing support and cooperation in the development of these guidelines.

These materials and guidelines represent an analysis of the most current information available prior to printing. The writers of these two volumes emphasize, however, that new developments and interpretations of state and federal laws may occur. The materials will be revised in light of such changes.

In the meantime, we welcome your comments and questions. For further information, contact our staff in Special Education and Special Schools, 378-3598.

Verne A. Duncan
State Superintendent
of Public Instruction

Recommended Procedures for the Administration
of Special Education Programs in Oregon:
Screening, Referral, Multi-Disciplinary Assessment,
IEP Development, Placement and Re-Evaluation:
Volume I: Procedures and Forms

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INTRODUCTION

The recommended procedures and support materials included in these volumes have been prepared to assist Oregon school districts in complying with the Special Education programming requirements of United States Public Law 94-142 and the various Oregon statutes and rules. The procedures reflect final Federal Regulations as printed in the Federal Register, August 23, 1977.

Early development of the procedures was initiated during 1975-76 in cooperation with Wasco County IED and local school districts. A draft version of this material was used in five Oregon school districts during the spring of 1977. As a result of that field test, the draft procedures and materials have been revised and streamlined. We would like to acknowledge the cooperation and support of those five districts:

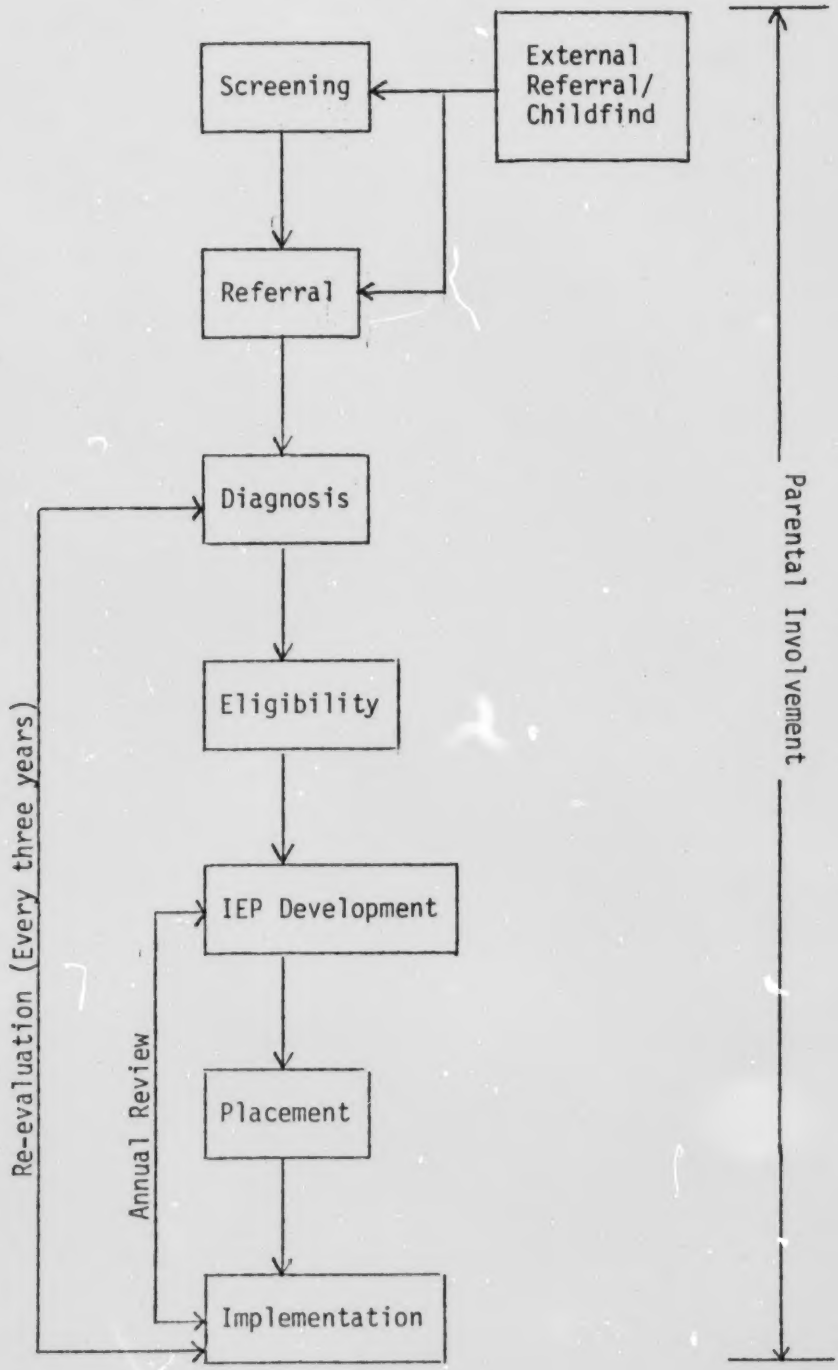
Columbia School District 5J (Westport)
Dallas School District #2
Eugene School District 4J
North Bend School District #13
Portland School District 1J

It is important to note that this or any other set of procedures cannot be implemented in a school district without adapting them to the local environment and conditions. Those steps in Volume I which are required by law have been shaded. The other steps represent process and best practice. These suggested and required steps may be useful to districts in documenting their procedures in order to receive funds through 94-142 or the state handicapped program.

These materials have been developed based on the activity flow represented by Figure 1 which results in an individualized education program (IEP) for each handicapped child. The sequence represented in Figure 1 is required. Eligibility must be determined and an IEP developed before a child is placed in the appropriate program. It is hoped that by following a set of procedures, a district will be able to go beyond mere "paper" compliance with regulations and provide quality programs for children.

These materials are based on the assumption that the IEP requirement of 94-142 is best represented as a process (See Figure 1) which yields appropriate programs for handicapped children and youth. In order to provide appropriate programs for all children in a least restrictive setting, programs must be developed based on their educational needs and not the eligibility criteria they meet. This suggests that children and youth eligible under different programs (EMR, LD, orthopedically handicapped, etc.) can be given services within the same or similar settings and, to the extent appropriate, in regular classrooms.

FIGURE 1


Screening
External Referral/ Childfind
Referral
Diagnosis
Eligibility
IEP Development
Placement
Implementation
Re-evaluation (Every three years)
Annual Review
Parental Involvement

It should also be noted that all procedures/steps are applicable to children identified as trainable mentally retarded (TMR). A suggested IEP form for TMR students is included in SP-27, Form 14C.

We would like to acknowledge the support of Mason McQuiston, Oregon State Director of Special Education and the assistance of Alan Reeder, Northwest Regional Resource Center, and Jerry Harris, University of Oregon. Dick Genardi, Northwest Regional Resource Center, was heavily involved during the initial year of developing the procedures. Forest Hertlein, Northwest Regional Resource Center, has been instrumental in ensuring the completion of this revision.

A special note of appreciation is extended to Kathy Black, Susan Brewster, and Lynne Greenleaf, Northwest Regional Resource Center, and Barbara Rosner, Manpower, Inc., for typing the completed documents.

Ray Rothstrom, Oregon State Department of Education

David Piercy, Northwest Regional Resource Center

USER'S GUIDE

The recommended procedures and support materials are intended to assist Oregon school districts in their development of special education policy and procedures. The sequence of the activities in Figure 1 is required. Within the specific sections there is more flexibility for district implementation.

The materials are divided into two volumes:

Volume I: Procedures and Forms
Volume II: Support Packages

Each volume is divided into six sections:

1. Preliminary Steps
2. Screening
3. Referral
4. Multi-Disciplinary Assessment
5. Individualized Education Program Development/Placement
6. IEP and Placement Review

Volume I has an additional section which includes Suggested Forms.

A Glossary of Terms can be found at the end of both Volume I and Volume II.

HOW TO USE VOLUME I: PROCEDURES AND FORMS

The purpose of the procedures is to suggest a process a district might use in systematically implementing a special education program. A district might use Volume I as a working document from which to develop and establish procedures appropriate to the district's unique needs.

The preliminary steps refer to processes that a district should have intact before implementing the procedures. Each of the six sections has a brief introduction describing the section content and a rationale for those procedures. The Support Packages that can be found in Volume II are listed in each introduction.

The procedures are displayed in columns entitled Steps, Who, When, and Guidelines/Comments.

STEP: The procedural, well sequenced steps a district might follow in screening, referral, assessment, IEP development and annual review.

WHO: The person within the district who would have the responsibility for completing the step. This will vary from district to district.

WHEN: The time frame in which the activity is to be completed.

GUIDELINES/COMMENTS: This refers the user to Volume II: Support Packages. Comments have been made when it seemed important to emphasize or clarify a point.

Those procedures/steps that are required under Federal and/or State law have been shaded. The unshaded procedures/steps indicate that the district has flexibility in how it insures the requirements are met.

HOW TO USE VOLUME II: SUPPORT PACKAGES

Volume I refers the users to all Support Packages (SPs) included in Volume II. The introductory comments to each of the six sections in Volume I are repeated in Volume II.

There are four types of support packages found in Volume II:

1. Forms: These are the same forms that are found in Volume I, but in some instances contain directions for their completion.

2. Concept Papers: These include discussions of certain issues raised in the procedures or in the law (e.g.,Least Restrictive Environment), and rationales for why activities are completed (e.g., Special Considerations for Diagnostic Procedures).

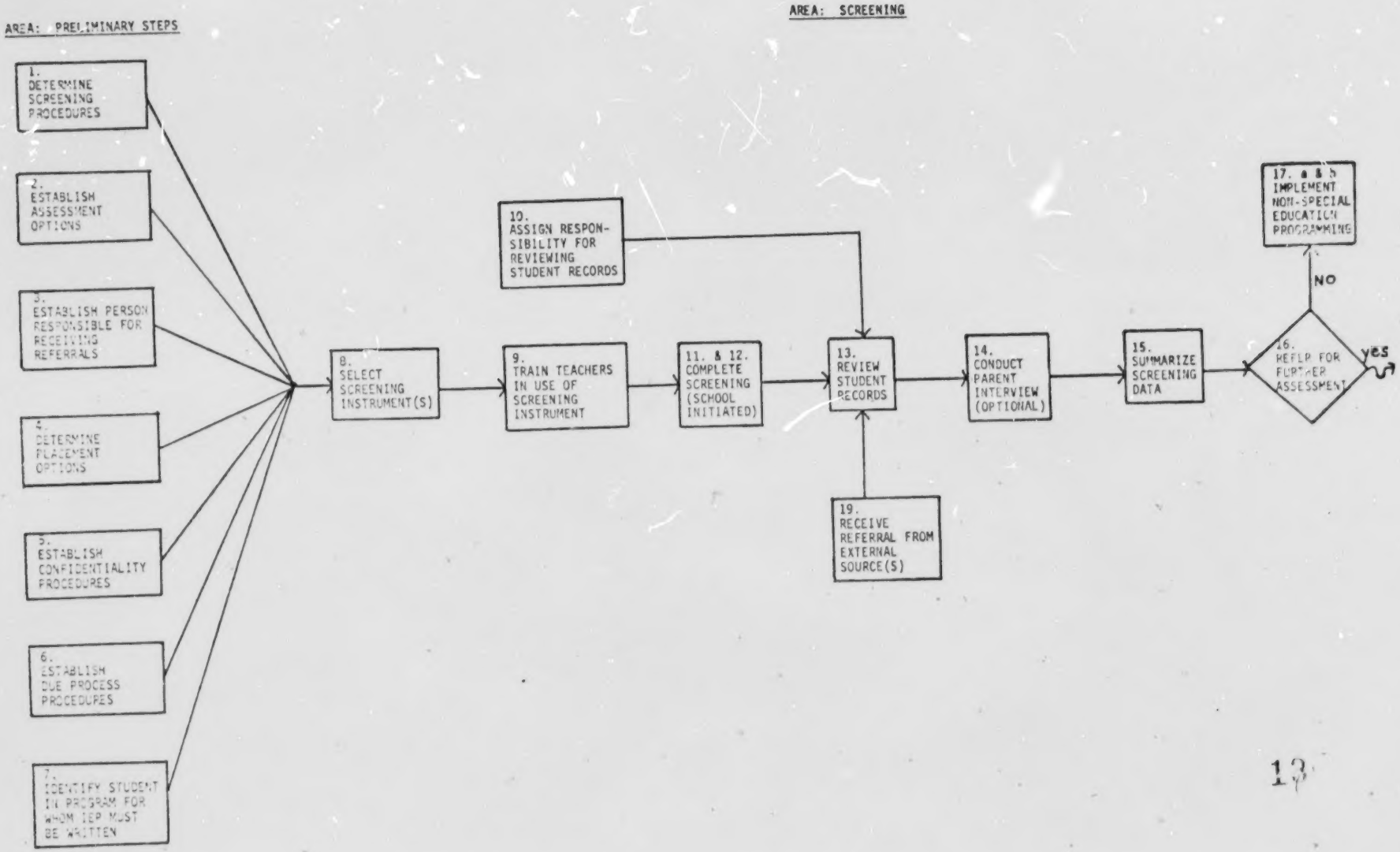
3. Suggested Procedures: These provide further discussion of how a step might be implemented (e.g., Training in Use of Screening Instrument and Procedures).

4. Informational Descriptions: These are examples of procedures on techniques which might be used (e.g., Pre-School Test Matrix) in implementing the steps.

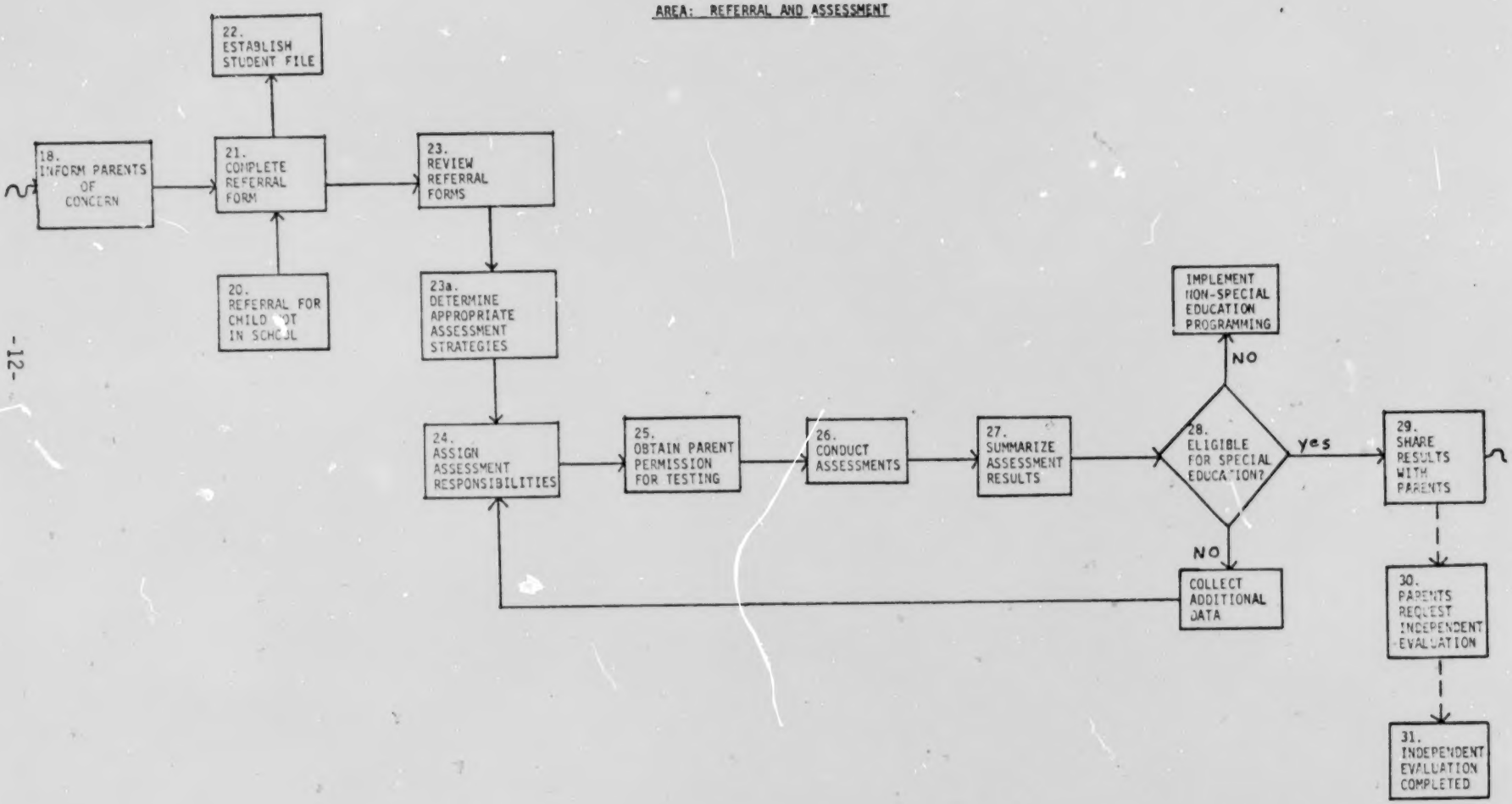
It is suggested that the user become familiar with the content of Volume I before using Volume II. Volume II is a supplement to Volume I and does not indicate how the total process operates; thus, by referring to it initially, the process might become distorted and confusing to the user.

Procedures Flow-Chart

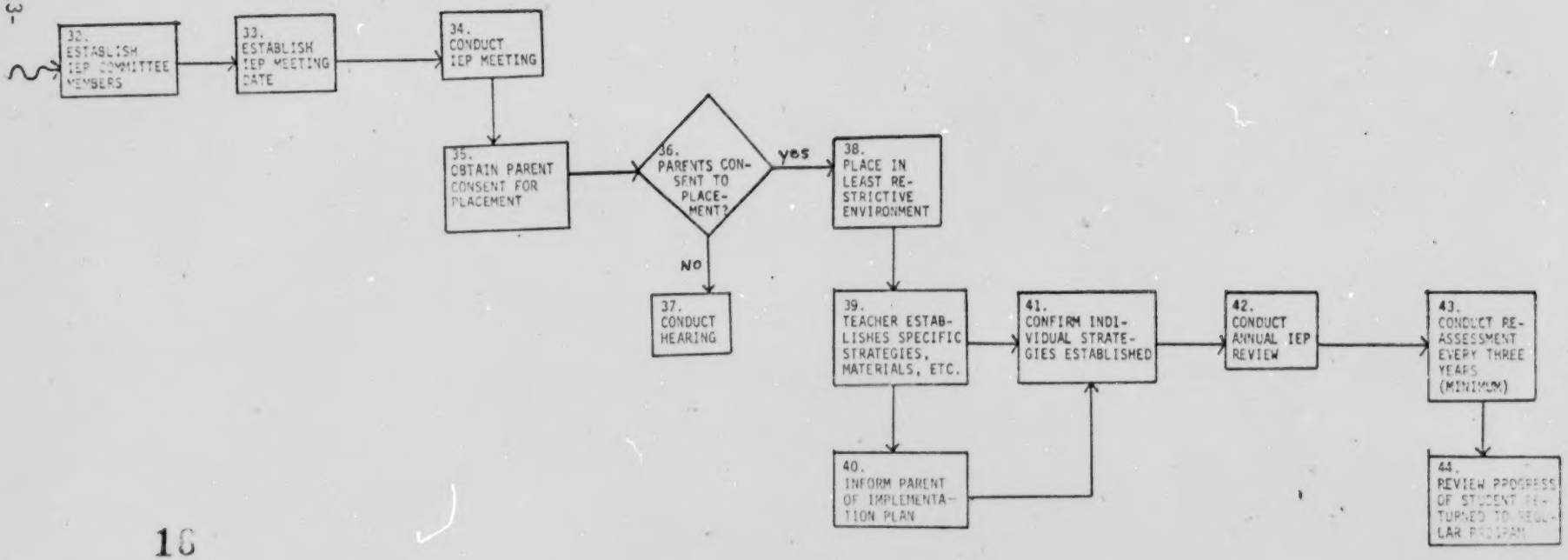
The following charts summarize the procedures and are included to familiarize the reader with the overall recommended sequence of steps.


AREA: PRELIMINARY STEPS
AREA: SCREENING
1. DETERMINE SCREENING PROCEDURES
2. ESTABLISH ASSESSMENT OPTIONS
3. ESTABLISH PERSON RESPONSIBLE FOR RECEIVING REFERRALS
4. DETERMINE PLACEMENT OPTIONS
5. ESTABLISH CONFIDENTIALITY PROCEDURES
6. ESTABLISH DUE PROCESS PROCEDURES
7. IDENTIFY STUDENT IN PROGRAM FOR WHOM IEP MUST BE WRITTEN
8. SELECT SCREENING INSTRUMENT(S)
9. TRAIN TEACHERS IN USE OF SCREENING INSTRUMENT
10. ASSIGN RESPONSIBILITY FOR REVIEWING STUDENT RECORDS
11. & 12. COMPLETE SCREENING (SCHOOL INITIATED)
13. REVIEW STUDENT RECORDS
14. CONDUCT PARENT INTERVIEW (OPTIONAL)
15. SUMMARIZE SCREENING DATA
16. REFER FOR FURTHER ASSESSMENT
17. & 5 IMPLEMENT NON-SPECIAL EDUCATION PROGRAMMING
NO
yes
19. RECEIVE REFERRAL FROM EXTERNAL SOURCE(S)

AREA: REFERRAL AND ASSESSMENT



AREA: IEP DEVELOPMENT/PLACEMENT AND REVIEW


32. ESTABLISH IEP COMMITTEE MEMBERS
33. ESTABLISH IEP MEETING DATE
34. CONDUCT IEP MEETING
35. OBTAIN PARENT CONSENT FOR PLACEMENT
36. PARENTS CONSENT TO PLACEMENT?
yes
no
37. CONDUCT HEARING
38. PLACE IN LEAST RESTRICTIVE ENVIRONMENT
39. TEACHER ESTABLISHES SPECIFIC STRATEGIES, MATERIALS, ETC.
40. INFORM PARENT OF IMPLEMENTATION PLAN
41. CONFIRM INDIVIDUAL STRATEGIES ESTABLISHED
42. CONDUCT ANNUAL IEP REVIEW
43. CONDUCT REASSESSMENT EVERY THREE YEARS (MINIMUM)
44. REVIEW PROGRESS OF STUDENT RETURNED TO REGULAR PROGRAM

PRELIMINARY STEPS

INTRODUCTION

Within the Preliminary Steps are procedures that will assist districts to prepare for implementation of Screening, Referral, Diagnosis, IEP Placement, and IEP Review. Examination and analysis of the Preliminary Steps will, therefore, provide personnel with information necessary for decision making throughout the administration procedures for Special Education programs.

It should be noted that Preliminary Steps are cooperative planning efforts between regular and special education personnel. In most instances, the local superintendent should designate the appropriate personnel to develop and implement district procedures and school board policies.

In addition to the procedural steps within this section, the following support packages (SP) should be reviewed:

SP-1 The Purpose of Screening
SP-2 Procedures for Establishing Referral Options Available to the District
SP-3 Considerations and Procedures for Developing Placement Options; Guidelines for Developing Physical Education Services
SP-4 Discussion of Least Restrictive Environment
SP-5 Confidentiality of Handicapped Children's Records
SP-6 Student Records
SP-7 Minimum Due Process Procedure and Hearing

AREA: PRELIMINARY STEPS

Step	Who	When	Guidelines/Comments
1. Determine how the district is going to complete district-wide identification of handicapped children and youth.	Cooperative efforts between designated regular and special education personnel		SP-1 The Purpose of Screening
2. Establish diagnostic and assessment referral options available within the district and external to it and the required procedures to use those services.	Cooperative efforts between designated regular and special education personnel		SP-2 Procedures for Establishing Referral Options Available to the District
3. Establish to whom within a district referral document(s) will be sent, e.g., the Special Education Administrator.	Superintendent or Designate		
4. Determine placement options existing within the district and available to it.	Cooperative efforts between designated regular and special education personnel		SP-3 Considerations for Developing Placement Options; Guidelines for Developing Physical Education Services SP-4 Discussion of Least Restrictive Environment
5. Establish confidentiality procedures	Appropriate personnel in cooperation with local school board		SP-5 Confidentiality of Handicapped Children's Records SP-6 Student Records

AREA: PRELIMINARY STEPS

Step	Who	When	Guidelines/Comments
6. Establish due process procedures.	Appropriate personnel in cooperation with local school board		SP-7 Minimum Due Process Procedures and Hearing (OAR-581-15-025) NOTE: New rules are being drafted based on S.B. 41, 1977 regular session (included)
7. If this is district's first year for complying with the IEP requirement for children already placed in program, begin at Step 42 or 43.	Special Education Personnel		

SCREENING (Informal Documentation)

INTRODUCTION

Within the Screening component are procedures which allow local schools to review the current functioning of students and to determine if a referral is required. The steps are based on the assumption that it is the individual school's responsibility to determine which children are not functioning adequately but not to independently decide which children are eligible to receive special educational services as defined by Federal and State Law and Regulations. An attempt has been made to formalize procedures which in the past have been informal.

In addition to the procedural steps the following support packages should be reviewed:

SP-8	Screening/Record Review Forms
SP-9	Physical Education Screening
SP-10	Training in Use of Screening Instrument and Procedures
SP-11	Purpose of Parent Interview; Procedures for Parent Interview
SP-12	Guidelines for Selecting Children for Referral
SP-13	Options for Programming Without Referral
SP-14	Referral Decisions; Sample Communication for Use With Parents (Form 4)

AREA: SCREENING

Step	Who	When	Guidelines/Comments
8. Determine the screening instrument to be used.	Cooperative effort between regular and special education personnel		SP-8 Screening/Record Review Forms Form 1 - Screening and Record Review SP-9 Physical Education Screening Form 2 - Physical Education Medical Referral
9. Train teachers in the use of screening instrument.	Cooperative effort between regular and special education personnel	At least 1 week prior to start of screening	SP-10 Training in the use of screening instrument and procedures
10. Determine and assign responsibility for reviewing school records in each school.	Principal or designate	Prior to Screening	See SP-8
11. Complete screening forms on all children whom teachers feel are functioning inadequately.	Teacher(s) or other assigned staff	At set times or ongoing as concerns arise	See SP-8 for Elementary and Secondary Screening Forms
12. Complete screening forms on all children whom counselors or principal feel are functioning inadequately.	Teacher(s) or other assigned staff	As concerns arise	

AREA: SCREENING

Step	Who	When	Guidelines/Comments
13. Review student's cumulative record using record review form. a. If transfer student send for cumulative records.	Principal's Designate Principal	Within 1 week from end of screening	See SP-8, Record Review section of Form 1
14. If records are not complete and/or more information would be helpful hold a parent interview.	Principal, Teacher and/or Counselor		SP-11 Purpose of Parent Interview; Procedures for Parent Interview Form 3 - Initial Parent Interview Form
15. Summarize screening instrument, record review form, and parent interview (if conducted).	Cooperative effort between Principal, Teacher and/or Counselor	Immediately at end of screening	See SP-8 NOTE: This step provides an opportunity to expand upon or clarify reasons for concern regarding a child's progress
16. Decide if referral for assessment is justifiable.	Cooperative effort between Principal, Teacher and/or Counselor	Within 5 days	SP-12 Guidelines for Selecting Children for Referral
17. If no referral is to be made, inform parent of school concern and action steps being taken. a. File screening form in child's behavioral records. b. Implement non-special education programming.	Principal, Teacher and/or Counselor Principal, Teacher and/or Counselor Cooperative Planning	Immediately upon decision at Step 16.	 SP-13 Options for Programming without Referral

AREA: SCREENING

Step	Who	When	Guidelines/Comments
18. Inform parent of concern regarding their child's progress by either: a. scheduling group conference OR b. by mail or telephone contact.	Principal, Teacher and/or Counselor	Immediately upon decision at Step 16	SP-14 Referral Decisions; Sample Communication for Use With Parents (Form 4) NOTE: Although districts may choose to delay parent contact until Step 25, it is highly recommended that parents be made aware at this time of the school's concern and inform them of the steps that will be followed. Consent for specific testing is not obtained until Step 25.

REFERRAL

INTRODUCTION

The Referral component outlines the steps which might be taken whenever a school district receives a request for evaluation/special services, whether it be on a student attending school or not attending school. A parent conference is recommended to inform the parents of the focus of concern. The earlier the school can get the parents involved in decision making, the less chance the parents and the school will disagree as to the ultimate program for the child.

In addition to the procedural steps the following support packages should be reviewed:

SP-15 Agency/Community Referral to School District (Form 5)
SP-16 Referral (Form 6)

AREA: REFERRAL

Step	Who	When	Guidelines/Comments
19. If a request for evaluation/special services is received for a child in school from parents, external sources (e.g., social services, physician) or the student himself, ensure that the teacher or other school personnel have completed Steps 11 thru 18.	Special Education Administrator, Designate, or Principal		SP-15 (Form 5) Agency/ Community Referral to School District
20. If a request for evaluation/special services is received for a child who has not been enrolled in school continue with Step 23.	Special Education Administrator, Designate, or Principal		SP-15 (Form 5)
21. Complete and submit referral form to designated district person (See Preliminary Step 3).	Principal or Designate	Upon receipt of parent permission (Step 18)	SP-16 (Form 6) Referral for Services
22. Designated person receives referral form and processes as necessary, following confidentiality and record keeping procedures. (See Preliminary Steps 5 and 6.)	Designated person identified in Preliminary Step 3		See SP-5 Confidentiality of Handicapped Children's Records See SP-6 Student Records

MULTI-DISCIPLINARY ASSESSMENT

INTRODUCTION

Within the multi-disciplinary assessment component are procedures from receiving the referral through the completion of assessment, summarizing the results and sharing them with parents. The manner in which the assessment is completed and reported has a great impact on the quality of the IEP which will be developed and the ease with which it will be developed. The assessment should include both the typical diagnostic (psycho-educational) testing required to declare eligibility and the more functional academic/behavioral testing which yields functional data on which to base objectives. To state the student is reading at a 4.7 grade level is not as useful as combining that with information such as "the student has difficulties with b/d discrimination; sound/symbol relationships and CVC words." Likewise, to say the child has an IQ of 51 is not as useful as giving the specific areas such as language, and self-help skills in which the child has difficulty. It is recommended that all persons completing assessments on the student report their results in terms of current level of educational functioning, recommended long-term objectives and recommended short-term objectives.

Children who have a speech impairment as their primary handicap may not need a complete battery of assessments (e.g., psychological, physical, or adaptive behavior). However, a qualified speech-language pathologist would (1) evaluate each speech impaired child using procedures that are appropriate for the diagnosis and appraisal of speech and language disorders, and (2) where necessary, make referrals for additional assessments needed to make an appropriate placement decision.

In addition to the procedural steps, the following support packages should be reviewed:

SP-17	Special Considerations for Diagnostic Testing
SP-18	Preschool Test Matrix, General Test Matrix, Physical Education Assessment Considerations and Taxonomy of the Psychomotor Domain
SP-19	When to Refer to Other Agencies (Form 7)
SP-20	Discussion Paper: Qualified Psychological Examiner Assessment Assignment Form (Form 8)
SP-21	Parent Approval for Diagnostic Testing (Form 9)
SP-22	Authorization for Exchange of Confidential Information (Form 10)
SP-23	Results of Individual Assessments (Form 11)
SP-24	Oregon Eligibility Criteria; Eligibility Report Form (Form 12)

AREA: MULTI-DISCIPLINARY ASSESSMENT

Step	Who	When	Guidelines/Comments
23. Review referral forms and determine the required assessments to establish eligibility and will provide information for development of the IEP. a. If necessary, consult with district support personnel to determine appropriate assessment strategies.	Special Education Administrator or Designate (e.g., Psychologist)	Within 5 days from decision to refer for testing	SP-17 Special Considerations for Diagnostic Testing SP-18 Preschool Test Matrix, General Test Matrix, Physical Education Assessment Considerations and Taxonomy of the Psychomotor Domain
24. Assign persons to complete necessary assessments (This may require identifying external sources to complete the assessments).	Special Education Administrator or Designate	At same time as Step 23	SP-19 When to Refer to Other Agencies Form 7 - Referral to Community Agencies SP-20 Assessment Assignment Form (Form 8) Discussion Paper: Qualified Examiner
25. Obtain written parental consent for initial diagnostic testing.	Special Education Administrator or Designate	Follow-up within 1 week	SP-21 Parent Approval for Diagnostic Testing (Form 9)
26. Conduct assessments and/or gather information.	Assigned Persons/ Agencies	Within 30 days from receipt of parent permission	SP-22 Authorization for Exchange of Confidential Information (Form 10)
27. Summarize assessment data.	Persons completing assessments	Immediately upon receipt of results	SP-23 Results of Individual Assessments (Form 11)

AREA: MULTI-DISCIPLINARY ASSESSMENT

Step	Who	When	Guidelines/Comments
28. Determine eligibility. If more data is needed, repeat Steps 24 thru 27.	Special Education Administrator or Designate	Immediately	SP-24 Oregon Eligibility Criteria Form 12 - Eligibility Report Form, Oregon Senate Bill 38, 1977 Session
29. Call parent conference to share assessment results and the eligibility of the child.	Special Education Administrator or Designate	Within at least 5 days from decision at Step 28	See SP-23 Results of Individual Assessments (Form 11) SP-24 Eligibility Report Form (Form 12)
30. If parent(s) disagree with assessment results, they may obtain an independent evaluation at public expense. District should provide sources where independent evaluations may be obtained. The district, however, may initiate a hearing to show that its evaluation procedures are appropriate.	Parent or School Officials		See SP-7 Minimum Due Process Procedure and Hearing (OAR-581-15-025), Step 6 NOTE: District should attempt to solve problems administratively with parents before initiating a hearing.
31. If the school is successful in its hearing, the parents may still obtain an independent evaluation at their own expense and the district must consider the results of the evaluation.			

INDIVIDUAL EDUCATION PROGRAM DEVELOPMENT/PLACEMENT

INTRODUCTION

Within the IEP Development/Placement component are procedures for developing the IEP and insuring the student is appropriately placed. The quality of the IEP prepared at this point is dependent on how adequately information has been collected from the time the student became a focus of concern. The procedures require that the IEP be developed prior to the decision of where the student is to be placed. The student's placement is to be based on long term objectives, short term objectives and the services to be provided rather than eligibility category. Written parent consent must be obtained before a child is initially placed in a program providing special education services. These procedures have the IEP being drafted in an initial IEP meeting to the point of establishing the short term objectives. The child is placed in program upon parental consent. It is recommended that the teacher have 20 teaching days in which to establish strategies, materials and procedures for continuous monitoring of student progress. After the 20 day period the teacher and parent review the child's program. It is also recommended that a LEA representative review the program at that point to insure the strategies have been developed, materials indicated, and a progress monitoring system devised.

The IEP should serve as a focus of the child's program; however, when required, it should be revised.

In addition to the procedural steps the following support packages should be reviewed:

SP-25 Participants at IEP Meeting
SP-26 Parent Notification of IEP Meeting (Form 13)
SP-27 Individual Education Program (IEP) Documents (Form 14)
SP-28 Sample Communication to Parent Regarding IEP Meeting Results (Form 15)
SP-29 Confirmation of IEP Strategies

AREA: IEP DEVELOPMENT AND PLACEMENT

Step	Who	When	Guidelines/Comments
32. If the child meets eligibility criteria, determine who will attend the IEP meeting.	Special Education Administrator or Designate		SP-25 Participants at IEP Meeting
33. **Establish meeting date.** Invite participants (including parent) and notify them to bring data summarizing their recommendations.	IEP Chairperson	**Within 30 calendar days from determination of eligibility**	SP-26 Parent Notification of IEP Meeting (Form 13) SP-30 Form 16 - Parent Notification of IEP Review NOTE: It is important to document attempts to obtain parent participation at IEP meeting
34. Conduct the IEP meeting and establish: **Present levels of educational performance.** **Long term objectives (annual goals).** **Short term instructional objectives.** **Specific special education and related services to be provided.** **Extent of participation in regular educational programs.** **Projected dates for initiation and duration of services.** **Criteria and procedures for annual evaluation.**	IEP Chairperson		SP-27 IEP Documents Form 14a - Placement Action Form Form 14b - Individual Implementation Plan Form 14c - TMR IEP Forms NOTE: If private, state supported agencies or regional educational programs are considered, they should meet minimum requirements of 94-142 and Division 15 of OARS. If placed in these settings, it is the district's responsibility to ensure the development of the IEP and monitor its implementation.

-27-

AREA: IEP DEVELOPMENT AND PLACEMENT

Step	Who	When	Guidelines/Comments
35. Parent(s) gives consent for initial placement in special education and related programs. a. If parent is in attendance at the IEP meeting, obtain consent on IEP Placement Action Form 14a at that time. b. If not in attendance, communicate decision and obtain written consent on IEP Placement Action Form 14a.	IEP Chairperson or Designate	During IEP meeting or immediately upon completion of IEP. Follow-up within 1 week	See IEP Forms, SP-27 SP-28 Sample Communication to Parents Regarding IEP Meeting Results (Form 15) NOTE: Parental consent is required for initial placement.
36. If parent(s) disagree with proposed placement/non-placement, they have a right to obtain a hearing after all administrative recourse has been followed.	Parent(s)	**Within 45 days of request unless parties agree to extension**	See SP-7 for Minimum Due Process Procedures, Step 6
37. Complete necessary administrative procedures for program transfer of student to Special Education.	Special Education Administrator or Designate		
38. Place child in least restrictive environment.	Special Education Administrator or Designate	Within 1 week from completion of IEP meeting	See SP-4, Step 4
39. Establish strategies and materials to assist child in achieving IEP objectives.	Teacher	Within 20 working days from placement	See appropriate section of IEP Documents, SP-27

IEP AND PLACEMENT REVIEW

INTRODUCTION

Within the reevaluation component are procedures for annual IEP review and a three year diagnostic review of the student. An annual review of the student's program is required but it can occur more frequently. The annual review should yield an IEP to be implemented for the child during the next school year.

According to the Federal Register (August 23, 1977) "any changes in a child's special education program, after initial placement, are not subject to parental consent, but are subject to prior notice and individual education program requirements." In addition, 'there is no need to require parent consent for reevaluation if a handicapped child is initially placed according to IEP requirements and his/her IEP is reviewed annually.'

In addition to the procedural steps, the following support packages should be reviewed:

SP-30 Annual Evaluation of the Individual Education Program; Parent Notification of IEP Review (Form 16)
SP-31 Monitoring Progress of Student Released from Special Education

AREA: IEP AND PLACEMENT REVIEW

Step	Who	When	Guidelines/Comments
42. On at least an annual basis review and revise the IEP of the child. A meeting must be held with the parents.	Teacher, Parent and Others		SP-30 Annual IEP Evaluation Form 16 - Parent Notification of IEP Review
43. Conduct diagnostic re-assessment of the child (Steps 22 thru 41) at least every three years or more frequently if conditions warrant it or if the parent or teacher requests it.	As Indicated in Steps 22 thru 41		NOTE: There is no need to require parent consent for re-assessment. However, prior notice must be given that informs parents of their rights concerning evaluation procedures (See Form 9).
44. If the child is released from special education, follow district procedures for transfer of student and provide consultation to the receiving teacher. a. Review progress of child returned to the regular program on a frequent basis during the first six months.	IEP Chairperson or Designate		SP-31 Monitoring Progress of Student Released from Special Education

SUGGESTED
FORMS TO ACCOMPANY
PROCEDURAL STEPS

SUGGESTED FORMS

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Form 1, Page 1

SCREENING/RECORD REVIEW
ELEMENTARY FORM

Student_____ Birthdate_____ Age_____ Sex_____ Grade_____

Teacher_____ School_____ District_____

Is the child currently receiving Special Education Services: Ye. ( ) No ( ) If Yes, describe_____

Teachers are requested to mark this screening inventory for each child who, in his/her opinion, appears to be functioning inadequately because of apparent exceptional mental, emotional, or physical condition(s).

Please check the statements which you think apply to this child. If the statement does not apply, do not mark it. If a specific descriptor applies to the child, underline it. Add descriptors if necessary.

Date_____

To be completed by teacher, principal, or counselor after the record review has been completed.

DESCRIBE OR SUMMARIZE

	The following problems exist: sometimes	often	always
COMMUNICATION PROBLEMS			
Expressive language (problems in syntax, grammar, limited vocabulary)	( )	( )	( )
Receptive language (comprehension, not following directions, poor concept development)	( )	( )	( )
Speech (poor enunciation, lisps, stutters, infantile speech, omits sounds from words, adds sound to words, substitutes sounds, unpleasant or odd voice)	( )	( )	( )
Other (describe)_____	( )	( )	( )
PHYSICAL PROBLEMS			
Physical defect (lame, paralysis, deformity)	( )	( )	( )
Erratic muscle movements	( )	( )	( )
Gross motor coordination (awkward, clumsy, poor balance)	( )	( )	( )
Fine motor coordination (eye-hand, manual dexterity)	( )	( )	( )
Visual (cannot see blackboard, squints, rubs eyes, holds book too close, eyes oscillate involuntarily, cross-eyed)	( )	( )	( )
Hearing (unable to discriminate sounds, asks to have instructions repeated, turns ear to speaker, strains to hear, often has earaches)	( )	( )	( )
Not toilet trained	( )	( )	( )
Unusually small (at least 20% less than class average)	( )	( )	( )
Unusually overweight (at least 20% more than class average)	( )	( )	( )
Other (describe, e.g., epilepsy, circulatory problems, dental problems, respiratory problems)	( )	( )	( )

PHYSICAL PROBLEMS

RECORD REVIEW FORM

DIRECTIONS: Please complete by reviewing all existing school records, including the health card. To be completed by designated procedures.

STANDARDIZED TEST INFORMATION (Last three years)

Test Name	Date Given	Grade and Age when Tested	Standard Score	G.E.	Percentile

COLLATERAL SCHOLASTIC INFORMATION

1) Record of Retention: No ( ) Yes ( ), grades retained_____ year(s)_____

2) Record of Skipping (Skipping a Grade): No ( ) Yes ( ), grades placed_____ year(s)_____

CURRENT SERVICE INFORMATION

1) Speech Therapy: No ( ) Yes ( ) If Yes, describe_____

2) Physical/Medical Program: No ( ) Yes ( ) If Yes, describe_____

3) In Special Education: No ( ) Yes ( ) If Yes, describe_____

REVIEW OF PHYSICAL HISTORY

1. Past Medical Problems: Yes ( ), specify_____
2. Current Medical Problems: Yes ( ), specify_____
3. Past Medications Administered: Yes ( ), specify_____
4. Current Medications Administered: Yes ( ), specify_____
5. Past Physical Disabilities: Yes ( ), specify_____
6. Current Physical Disabilities: Yes ( ), specify_____
7. Past Vision Problems: Yes ( ) Current Problems: No ( ) Yes ( )
8. Past Hearing Problems: Yes ( ) Current Problems: No ( ) Yes ( )
9. Past Speech Problems: Yes ( ) Current Problems: No ( ) Yes ( )
10. Past Perceptual Problems: Yes ( ) Current Problems: No ( ) Yes ( )
11. Coordination Problems: Fine Motor Yes ( ): specify_____
    Gross Motor Yes ( ): specify_____

CLASSROOM BEHAVIOR PROBLEMS	These problems occur in the classroom as often as: 15-25%	26-50%	Over 50%
Overly energetic, talks out, out of seat	( )	( )	( )
Very quiet, uncommunicative	( )	( )	( )
Acting Out (aggressive, hostile, rebellious, destructive)	( )	( )	( )
Cries easily, explosive	( )	( )	( )
Inattentive (short attention span, doesn't stick to task, fails to complete tasks	( )	( )	( )
Doesn't appear to notice what is happening in the immediate environment	( )	( )	( )
Poor peer relationships (few friends, rejected, ignored, abused by peers	( )	( )	( )
Other (describe)_____			
_____	( )	( )	( )

DESCRIBE OR SUMMARIZE

CLASSROOM BEHAVIOR PROBLEMS

ACADEMIC PROBLEMS	Performance is below average class level as often as: 15-25%	26-50%	Over 50%
Reading			
Word attack skills	( )	( )	( )
Reverses, substitutes	( )	( )	( )
Oral reading	( )	( )	( )
Silent reading	( )	( )	( )
Comprehension	( )	( )	( )
Other_____	( )	( )	( )
Writing (illegible, reverses letters, doesn't write)	( )	( )	( )
Mathematics			
Basic computation	( )	( )	( )
Concepts	( )	( )	( )
Set operations	( )	( )	( )
Verbal problems	( )	( )	( )
Other_____	( )	( )	( )
Spelling (cannot spell phonetically, omits or adds letters)	( )	( )	( )
Social Sciences, Sciences (doesn't handle concepts, doesn't understand relationships, poor understanding of cause and effect)	( )	( )	( )
Other (describe)_____			
_____	( )	( )	( )

ACADEMIC PROBLEMS

Date_____

_____
(Signature of person completing form)

To be completed by teacher, counselor or principal

Date:_____

DESCRIPTION OF CURRENT PROGRAM OBJECTIVES

If no referral is being made or while the referral is being processed, what is being done by the school to remediate the problem:

Nature of recommended referral:

SCREENING/RECORD REVIEW
SECONDARY FORM

Student_____ Birthdate_____ Age_____ Sex_____ Grade_____

Teacher_____ School_____ District_____

Is the child currently receiving Special Education Services: Yes ( ) No ( ) If Yes, describe_____

Teachers are requested to mark this screening inventory for each child who, in his/her opinion, appears to be functioning inadequately because of apparent exceptional mental, emotional, or physical condition(s).

Please check the statements which you think apply to this child. If the statement does not apply, do not mark it. If a specific descriptor applies to the child, underline it. Add descriptors if necessary.

Date_____

To be completed by teacher, principal, or counselor after the record review has been completed.

DESCRIBE OR SUMMARIZE

	The following problems exist: sometimes	often	always
COMMUNICATION PROBLEMS			
Expressive language (problems in syntax, grammar, limited vocabulary)	( )	( )	( )
Receptive language (comprehension, not following directions, poor concept development)	( )	( )	( )
Speech (poor enunciation, lisps, stutters, infantile speech, omits sounds from words, adds sound to words, substitutes sounds, unpleasant or odd voice)	( )	( )	( )
Other (describe)_____	( )	( )	( )

COMMUNICATION PROBLEMS

PHYSICAL PROBLEMS			
Physical Defect (lame, paralysis, deformity)	( )	( )	( )
Erratic muscle movements	( )	( )	( )
Gross motor coordination (awkward, clumsy, poor balance)	( )	( )	( )
Fine motor coordination (eye-hand, manual dexterity)	( )	( )	( )
Visual (cannot see blackboard, squints, rubs eyes, holds book too close, eyes oscillate involuntarily, cross-eyed)	( )	( )	( )
Hearing (unable to discriminate sounds, asks to have instructions repeated, turns ear to speaker, strains to hear, often has earaches)	( )	( )	( )
Lack of personal hygiene	( )	( )	( )
Unusually small (at least 20% less than class average)	( )	( )	( )
Unusually overweight (at least 20% more than class average)	( )	( )	( )
Other (describe, e.g., epilepsy, circulatory problems, dental problems, respiratory problems)	( )	( )	( )

PHYSICAL PROBLEMS

RECORD REVIEW FORM

DIRECTIONS: Please complete by reviewing all existing school records, including the health card. To be completed by designated procedures.

STANDARDIZED TEST INFORMATION (Last three years)

Test Name	Date Given	Grade and Age When Tested	Standard Score	G.E.	Percentile

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CURRENT SERVICE INFORMATION

1) Speech Therapy: No ( ) Yes ( ) If Yes, describe_____
2) Physical/Medical Program: No ( ) Yes ( ) If Yes, describe_____
3) In Special Education: No ( ) Yes ( ) If Yes, describe_____

REVIEW OF PHYSICAL HISTORY

1. Past Medical Problems: Yes ( ), specify_____
2. Current Medical Problems: Yes ( ), specify_____
3. Past Medications Administered: Yes ( ), specify_____
4. Current Medications Administered: Yes ( ), specify_____
5. Past Physical Disabilities: Yes ( ), specify_____
6. Current Physical Disabilities: Yes ( ), specify_____
7. Past Vision Problems: Yes ( ) Current Problems: No ( ) Yes ( )
8. Past Hearing Problems: Yes ( ) Current Problems: No ( ) Yes ( )
9. Past Speech Problems: Yes ( ) Current Problems: No ( ) Yes ( )
10. Past Perceptual Problems: Yes ( ) Current Problems: No ( ) Yes ( )
11. Coordination Problems: Fine Motor Yes ( ): specify_____
    Gross Motor Yes ( ): specify_____

CLASSROOM BEHAVIOR PROBLEMS	These problems occur in the classroom as often as: 15-25%	26-50%	Over 50%
Overly energetic, talks out, out of seat	( )	( )	( )
Very quiet, uncommunicative	( )	( )	( )
Acting out (aggressive, hostile, rebellious, destructive)	( )	( )	( )
Cries easily, explosive	( )	( )	( )
Inattentive (short attention span, doesn't stick to task, fails to complete tasks	( )	( )	( )
Doesn't appear to notice what is happening in the immediate environment	( )	( )	( )
Poor peer relationships (few friends, rejected, ignored, abused by peers)	( )	( )	( )
Not in attendance	( )	( )	( )
Other (describe)_____			
_____			
_____	( )	( )	( )
_____			

DESCRIBE OR SUMMARIZE

CLASSROOM BEHAVIOR PROBLEMS

ACADEMIC PROBLEMS	Performance is below average class level as often as: 15-25%	26-50%	Over 50%
Reading			
Decoding	( )	( )	( )
Comprehension	( )	( )	( )
Other_____	( )	( )	( )
Writing (illegible, reverses letters, doesn't write)	( )	( )	( )
Mathematics			
Basic computation	( )	( )	( )
Concepts	( )	( )	( )
Other_____	( )	( )	( )
Spelling (cannot spell phonetically, omits or adds letters)	( )	( )	( )
Social Sciences, Sciences (doesn't handle concepts, doesn't understand relationships, poor understanding of cause and effect)	( )	( )	( )
Other (describe)_____			
_____			
_____	( )	( )	( )

ACADEMIC PROBLEMS

Date_____ _____
(Signature of person completing form)

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To be completed by teacher, counselor or principal

Date: _____

DESCRIPTION OF CURRENT PROGRAM OBJECTIVES

If no referral is being made or while the referral is being processed, what is being done by the school to remediate the problem:

Nature of recommended referral:

-37-

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FORM 2

PHYSICAL EDUCATION MEDICAL REFERRAL FORM

Dear Dr._____:

According to our records you are the physician for the child named below. This student has been identified by our school as possibly needing a special physical education program. We offer a variety of physical education options, in accordance with Federal and State requirements, which are designed to meet a student's individual needs. By modifying existing activities and providing corrective or remedial activities, students need not be excluded from physical education. We request and would appreciate your assistance in helping us to develop an individualized education plan (IEP) for this student. Your diagnosis and recommendations can assist us to develop such a plan. If you have any inquiries, please direct them to:

John Williamson
Director of Special Education
Adams Junior High School

STUDENT INFORMATION

NAME_____SCHOOL_____

HOME ADDRESS_____City_____State_____Zip_____

HOME TELEPHONE ( )_____Grade & Section_____

CONDITION

Brief description of condition

Condition is ☐ permanent ☐ temporary

Comments_____

_____

If Appropriate:
Comments about student's medication and its effect on participation in physical activities

_____

_____

Student may return to unrestricted activity_____, 19____

Student should return for reexamination_____, 19____

FUNCTIONAL CAPACITY

☐ Unrestricted - no restrictions relative to vigorousness or types of activities

☐ Restricted - condition is such that intensity and types of activities need to be limited (check one category below)

- ☐ Mild - ordinary physical activities need not be restricted but usually vigorous efforts need to be avoided.
- ☐ Moderate - ordinary physical activities need to be moderately restricted and sustained strenuous efforts avoided.
- ☐ Limited - ordinary physical activities need to be markedly restricted.

FORM 2

ACTIVITY RECOMMENDATIONS

Indicated body areas in which physical activities should be minimized, eliminated, or maximized.

	Maximized	Minimized	Eliminated	Both	Left	Right	Comments Including Any Medical Contraindications to Physical Activities
Neck							
Shoulder Girdle							
Arms							
Elbows							
Hands & Wrists							
Abdomen							
Back							
Pelvic Girdle							
Legs							
Knees							
Feet & Ankles							
Toes							
Fingers							
Other (specify)							

REMEDIAL

Condition is such that defects or deviations can be improved or prevented from becoming worse through use of carefully selected exercises and/or activities. The following are remedial exercises and/or activities recommended for this student. (Please be specific).

_____

_____

_____

Signed _____ M.D.

Address _____

_____ Zip _____

Telephone ( ) _____

Date _____, 19_____

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FORM 3

INITIAL PARENT INTERVIEW

Teacher _____

Interviewed by _____

Student _____ Date _____

Your child might need additional services from the school. Sometimes we are able to determine if your child needs this help or not by a review of his/her school records, whereas sometimes additional diagnostic testing is necessary. Right now we are looking at the school records. It would be helpful if you answered the following questions. If we find that additional testing is needed, we will include you in the decision and we must first obtain your permission.

At this time our concern is (specify) _____

_____

_____

1. What help do you think your child needs, if any.

2. How well does your child perform in the following subjects: (circle high, medium, low or leave blank if you don't know)

READING	H M L	MATH	H M L	SPELLING	H M L
WRITING	H M L	STUDY HABITS	H M L	PHYSICAL EDUCATION	H M L

3. Do you feel your child has any vision problems: ( ) No ( ) Yes, specify:

_____

4. Do you feel your child has any hearing problems: ( ) No ( ) Yes, specify:

_____

5. Do you feel your child has any speech problems: ( ) No ( ) Yes, specify:

_____

6. Do you feel your child has any medical problems that the staff should be aware of: ( ) No ( ) Yes, specify _____

7. Will the school be requested to give any medications: ( ) No ( ) Yes

8. Do you feel that your physician has information or medical records that would help in the development of an appropriate program: ( ) No ( ) Yes

9. Do you feel your child has any behavior problems: ( ) No ( ) Yes, specify:

_____

10. Are there any other records/information the school should have ( ) No ( ) Yes, Specify: _____

_____

SAMPLE COMMUNICATION TO PARENT
CONCERNING REFERRAL

Date_____

Dear_____

It has come to our attention that your child may not be receiving the full benefit of the schooling available to him/her. A review of your child's progress indicates that additional information may help us better evaluate his/her educational needs and hopefully plan the most appropriate educational program.

In order to collect additional information the following steps will be followed:

1. Appropriate tests and procedures will be selected and given by qualified personnel.
2. A description of assessment procedures will be provided to you and your permission will be obtained prior to any testing.
3. Results of all testing will be available to you for review and explanation.

It is important to understand that there will be no change in your child's educational placement without your knowledge and permission. If a change in placement or program is appropriate, you will be notified and invited to a meeting to help decide what that program will be.

If you would like to request a parent conference to discuss the progress of your child, please fill in the following and return as soon as possible.

I request a parent conference on _____ at _____.
(date) (time)

Sincerely,

_____
Signature

AGENCY/COMMUNITY REFERRAL TO SCHOOL DISTRICT

Person Referred (Full Name) _____ Birthdate _____

Parent/Guardian _____ Phone Number _____

Address _____ School _____

Check Reason for Referral:

COMMUNICATION

- ☐ Expressive
- ☐ Receptive
- ☐ Speech

PHYSICAL

- ☐ Physical Defect
- ☐ Motor Coordination
- ☐ Vision
- ☐ Hearing
- ☐ Other _____

BEHAVIORAL

- ☐ Classroom Behavior
- ☐ Peer Relationship
- ☐ Agressive
- ☐ Very Quiet, Uncommunicative
- ☐ Other _____

ACADEMIC

- ☐ Reading
- ☐ Writing
- ☐ Math
- ☐ Spelling
- ☐ Other _____

Status of Child

- ☐ Not receiving educational services
- ☐ Receiving educational services, but needing special education
- ☐ Receiving special education, but needing additional and/or different special education services

Does the parent know about this referral? ☐ Yes ☐ No

Description of referral problem _____

_____

Referring Agency _____ Address _____ Phone _____

Name of Person Making Referral _____ Signature _____ Date _____

Please return this form to Special Education Administrator

REFERRAL FOR SERVICES

Referring Agent_____ Date_____

Child's Name_____ Date of Birth_____

School_____ Grade_____ Teacher_____

Please attach Form 1, Screening and Record Review Form and any other relevant data.

The following is suggested.

____ Academic Testing

____ Physical Education Assessment

____ Behavorial Assessment

____ Physical Examination

____ Vocational Assessment

____ Psychological Assessment

____ Other (specify)_____

____ Other (specify)_____

_____
Signature of Principal

_____

FORM 7

REFERRAL TO COMMUNITY AGENCY

(If No Agency Referral Form is Available)

Person Referred (Full Name) _____ Birthdate _____

Parent/Guardian _____ Phone Number _____

Address _____ School _____

Check Reason for Referral:

COMMUNICATION

- ☐ Expressive
- ☐ Receptive
- ☐ Speech

PHYSICAL

- ☐ Physical Defect
- ☐ Motor Coordination
- ☐ Vision
- ☐ Hearing
- ☐ Other _____

BEHAVIORAL

- ☐ Classroom Behavior
- ☐ Peer Relationship
- ☐ Aggressive
- ☐ Very Quiet, Uncommunicative
- ☐ Other _____

ACADEMIC

- ☐ Reading
- ☐ Writing
- ☐ Math
- ☐ Spelling
- ☐ Other _____

Expected results of referrals:

A copy of this referral has been given to the parent(s).

School District _____ Address _____ Phone _____

District Contact Person _____ Signature _____ Date _____

Attach copy of screening instrument, record review form, and result of referral meeting.

FORM 8

ASSESSMENT ASSIGNMENT FORM

STUDENT:_____ SCHOOL:_____

BIRTHDATE:_____ GRADE:_____

DATE:_____

ASSESSMENT PROCEDURE OR INSTRUMENT	RESPONSIBLE PERSON	DUE DATE

FORM 9

PARENT CONSENT FOR DIAGNOSTIC TESTING (INITIAL EVALUATION)

In a prior communication (personal interview or mail) you have been informed of the school's concern for your child's educational progress and the need to gather further information so that the best possible program can be planned. The state's Administrative Regulations require that you approve of any testing or other evaluation of your child before we may proceed. Please sign as indicated below. Your cooperation is appreciated.

The evaluation procedures to be used in each of the following areas are:

Intelligence:

Communication:

Physical:

Behavior:

Academic:

Other:

Date_____

This is to indicate that I have been informed and counseled regarding the referral of my child_____ for individual testing or other evaluation using appropriate assessment instruments.
(name of child)

☐ Permission is given to conduct the evaluation as described.

☐ Request conference prior to granting permission.

_____
Parent's signature

_____
Date

It is very important that you be aware of and understand the following:

1. You have the right to review all records related to the referral.
2. You have the right to refuse to permit the evaluation.
3. You have the right to be fully informed of the results of the evaluation.
4. If you disagree with the results, you have the right to get an outside evaluation at your own expense or from another public agency with the fee being determined by its policy.
5. You have a right to review the instruments (tests) used to evaluate the child.

Your child's educational status will not be changed without your knowledge.

FORM 10

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

STUDENT:_____ SCHOOL:_____

BIRTHDATE:_____ GRADE:_____

Date:_____

As parent/guardian of the named student, I hereby authorize the mutual exchange of confidential information between _____
name of school district

and:

Agency, practitioner:_____

Address:_____

City:_____ State:_____ Zip:_____

_____
Parent/Guardian Signature

_____
Address

_____
City State Zip

In accordance with the requirements of the Family Educational Rights and Privacy Act of 1974, information sent or received by the Public School may not be shared with any other party without the written consent of the parents or guardian or the pupil if eighteen years or older.

Please send all confidential information to:

_____
Name

_____
Address

FORM 11

Use as many forms as necessary to
summarize relevant results

INDIVIDUAL ASSESSMENT RESULTS
(This does not represent the child's IEP)

Child's Name_____ Birthdate_____

School_____

Tests Given	N	R	Results - give scores if normed referenced

AREA:_____

Current Level of Educational Functioning (Strengths and Weaknesses)

Recommended Long Term Objectives	Recommended Short Term Objectives
Recommended Strategies/Materials	

Recommended Least Restrictive Placement (Describe the services it is recommended the child receive)

AREA:_____	
Current Level of Educational Functioning (Strengths and Weaknesses)	
Recommended Long Term Objectives	Recommended Short Term Objectives
Recommended Strategies/Materials	
Recommended Least Restrictive Placement (Describe the services it is recommended the child receive)	

AREA:_____	
Current Level of Educational Functioning (Strengths and Weaknesses)	
Recommended Long Term Objectives	Recommended Short Term Objectives
Recommended Strategies/Materials	
Recommended Least Restrictive Placement (Describe the services it is recommended the child receive)	

FORM 12

ELIGIBILITY REPORT FORM

Child's Name_____ Birthdate_____

Code Number_____

School_____

As a result of the following assessments, the child ☐ is/ ☐ is not eligible to receive special education under the _____ program.

Criteria for eligibility	Evaluations	Evaluator	Date

Signed_____

Title_____

Date_____

The information on this form was shared with the parents on _____
date

by _____.

☐ The parents accepted the results of the testing.
☐ The parents disagreed with the results. Explain action_____

_____

_____

FORM 13

_____
DATE

Dear_____:

In order for the evaluation program to be effective for each child, it is important that school personnel and parents work together as a team.

As you know, we have been completing an educational assessment of your child. We would like to meet with you to share information from the completed assessments. At this meeting you will have the opportunity to assist in the development of educational objectives along with the other team members. The results of this meeting will be the development of the most appropriate educational program for your child.

The meeting will be on_____(date) at_____(time) in_____(location).

If you are unable to attend this meeting, please contact us at _____(phone) as soon as possible in order to plan a time which is mutually convient.

Your cooperation is greatly appreciated.

Sincerely,

_____
Signature

_____
Position

FORM 14a

INDIVIDUAL EDUCATION PROGRAM
PLACEMENT ACTION FORM

Initial Placement
Annual Review

NAME_____ BIRTHDATE_____

ADDRESS_____ PHONE_____

SCHOOL_____ DATE OF MEETING_____

DISTRICT OF RESIDENCY_____

In attendance at IEP Meeting: _____, _____,

_____, _____, _____.

See attached pages for statement of current level of educational functioning, long term objectives, short term objectives and instructional strategies.

Special Education Services

1. Special Education Services to be provided. Entry Date_____
   School_____ Program_____ Teachers _____, _____
   Student's Program: Review Date_____

2. Is special physical education programming required? ☐ Yes ☐ No
   Describe program (if there are specific objectives include on attached pages).

3. Related Services

   ☐ Speech Therapy (describe)_____

   ☐ Physical Therapy (describe)_____

   ☐ Occupational Therapy (describe)_____

   ☐ Work Experience (describe)_____

   ☐ Medical Service (describe)_____

   ☐ Social Services (describe)_____

   ☐ Transportation_____

   ☐ Other_____

4. Describe and give time estimates of the extent to which children will participate in the regular program.

I/we have participated in the development of the IEP and have had the program explained to me and approve of my child's placement as described above.

_____ _____
Parent's Signature Date

FORM 14b

INDIVIDUAL EDUCATION PROGRAM

INDIVIDUAL IMPLEMENTATION PLAN

Complete as many forms as required

Student's Name_____

Consideration should be given to academic, social adaptation, pre-vocational/vocational, psychomotor, and self-help skills

AREA_____ Current Level of Educational Functioning (include strengths and weaknesses)					
Long Term Objectives (Annual Goals)	Short Term Objectives (including criteria)	Strategies (to be completed by teacher)	Materials	Start	Complete
Least Restrictive Instructional Environment:	Procedures for Evaluating Progress Toward Achieving Short Term Objectives:				

☐ Initial Placement

☐ Annual Review

FORM 14c

STUDENT PROGRESS RECORD

Individual Education Program
Placement Action Form

Name _____ Birthdate _____

Address _____ Telephone _____

School _____ Date of Meeting _____

District of residency _____

In attendance at IEP meeting _____, _____,

_____, _____, _____.

● Student Progress Record IEP checklist for current level of educational functioning, long-term objectives and short-term objectives.

1. Is special physical education programming required? ☐ Yes ☐ No.
Describe program (if there are specific objectives include on attached pages).

_____

2. Related Services:

☐ Speech Therapy (describe) _____

☐ Physical Therapy (describe) _____

☐ Occupational Therapy (describe) _____

☐ Work Experience (describe) _____

☐ Medical Services (describe) _____

☐ Social Services (describe) _____

☐ Transportation _____

☐ Other _____

_____

3. Recommended least restrictive placement. Entry date _____ School _____
Program _____ Teachers _____, _____, _____

Describe with justification: Review date: _____

_____

_____

_____

_____

_____

(over)

4. Describe and give time estimates of the extent to which student will participate in the regular program.

_____

_____

_____

_____

_____

I/we have participated in the development of the IEP and have had the program explained to me and approve of the plan.

_____ _____

Parent Signature Date

_____

Parent Signature

FORM 14c
STUDENT PROGRESS RECORD

Individual Education Plan

ame: _____

emographic Information: (Describe):

☐ Vision Impaired _____

☐ Hearing Impaired _____

☐ Physical Disability _____

☐ Neuorological Impairment _____

☐ Other _____

School _____ Year(s) _____

_____ _____

_____ _____

_____ _____

Date Initiated _____ Person(s) Completing Form

_____

_____

_____

Date Reviewed _____ _____

_____

_____ _____

_____

_____ _____

_____

_____ _____

_____

_____ _____

_____

Comments: _____

_____

_____

_____

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FORM 14c

INDIVIDUAL EDUCATION PROGRAM

Individual Implementation Plan

STUDENT PROGRESS RECORD

#	Item	ASSESSMENT: SKILL MASTERED	ASSESSMENT: DATE	OBJECTIVES: SHORT-TERM	OBJECTIVES: LONG-TERM	OBJECTIVES: DATE SET	PERSON RESPONSIBLE: INITIALS
3.7							
4.1	Categorizes	☐		○	◎		
3.8							
4.2	Positions objects	☐		○	◎		
3.9							
4.3	Recognizes letter names	☐		○	◎		
3.10							
4.4	Recognizes possessive pronouns (his, her, their)	☐		○	◎		
4.5	Recognizes letter names (10)	☐		○	◎		
4.6	Recognizes first, last and middle	☐		○	◎		
4.7	Recognizes plurals	☐		○	◎		
4.8	Follows directions with conditional clauses	☐		○	◎		
4.9	Recognizes verb tenses	☐		○	◎		
4.10	Recognizes letter names (26)	☐		○	◎		

EXPRESSIVE LANGUAGE

#	Item						
1.1	Vocalizes	☐		○	◎		
1.2	Babbles	☐		○	◎		
1.3	Imitates movements	☐		○	◎		
1.4	Imitates sounds (3)	☐		○	◎		
1.5	Makes needs known	☐		○	◎		
1.6	Imitates sounds (5)	☐		○	◎		
1.7	Imitates words (3)	☐		○	◎		
1.8	Names objects (3)	☐		○	◎		
1.9	Uses functional vocabulary (5)	☐		○	◎		
1.10	Imitates sounds (10)	☐		○	◎		
1.11	Names pictures (3)	☐		○	◎		
1.12	Imitates sound-chains (5)	☐		○	◎		

FORM 15

SAMPLE COMMUNICATION REGARDING IEP MEETING RESULTS

DATE: _____

Dear: _____

As you know, a meeting was held to review the educational program needs of your child on _____. Enclosed is your copy of the Individual Education Program in which is recommended a placement at _____. It is important, however, that you understand: (a) Your child's placement is considered to be the most appropriate and beneficial at this time. (b) You have a right to refuse consent to your child's placement. (c) You will be invited to attend a meeting to review your child's progress and placement on an annual basis.

Please review the enclosed placement and program forms. If you have any questions or would like to discuss this further, please call me at _____.

Sincerely,

_____
Name

_____
Title

_____
Address

Please sign, detach, and return to me as soon as possible.

____ I have received copies of my child's placement and educational program and give my consent for placement. I understand that no change in my child's placement will occur without prior notice and that I have the right to refuse consent at any time.

_____ _____
Parent Signature Date

FORM 16

REVIEW OF EDUCATIONAL PLACEMENT

Date_____

Dear_____:

When _____'s program was reviewed we informed you that a re-evaluation of his program would occur on or about_____ _____ .

The review will take place on _____ at _____
date time

We would like you to participate in this review. If the scheduled time is not convenient, please contact me at _____so that we might rearrange it.
phone number

Should you have any questions, please feel free to contact me.

Sincerely,

_____
Name

_____
Title

GLOSSARY OF TERMS

Annual Evaluation - 94-142 requires that each handicapped child's IEP be reviewed or evaluated at least once each year. The annual evaluation should result in a new IEP to be implemented during the next period.

Appropriate Programs - Programs and services established for the child on his IEP.

Assessment - Procedures used to collect diagnostic and programming information. See multi-disciplinary assessment.

Confidentiality Procedures - Procedures used to insure that information obtained on handicapped children is collected, stored and released in such a manner to insure the protection of the child.

Confidential Information - Information collected on handicapped children which is personally identifiable.

Consent - Means that: (a) the parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication;
(b) the parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) which will be released and to whom; and
(c) the parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

Continuum of Alternative Placements (Continuum of Services)- Services or available placements which range along a broad continuum and include instruction in regular classrooms, in resource situations, special classes, special schools and at home.

Diagnostic Testing - Testing to establish the specific attributes of the child including academic, behavioral, intellectual, social, psychomotor and vocational.

Due Process - Procedures which insure that all required steps have been followed before a child receives special education and related services.

Eligibility - Meeting one of the eligibility categories defined in OAR-581-050.

Eligibility Category - The category in which a child fits to receive special education and related services. The category does not define the type or extent of services needed. Senate Bill 38 defines the categories as mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically handicapped or other health impaired children; individuals who are pregnant; or children with specific learning disabilities.

Handicapped Child - A child who meets the eligibility criteria established in Oregon law and who needs special education or related services.

Hearing - A hearing is conducted when the parents contest the decisions made about the child as a result of testing or the IEP.

IEP - Individual Education Program

IEP Meeting - The meeting where the IEP is written which must include the parents and individuals who have knowledge about the child, the testing results, and the placement options available.

Independent Evaluation - An evaluation or assessment completed by a person or agency which is not employed by the district or has a vested interest in the results of the evaluation.

Individual Education Program (IEP) - That program which must be completed for each handicapped child before he is placed and on which his placement is determined. The IEP includes the child's current level of educational functioning, long term objectives, short term objectives, the least restrictive placement, special materials and criteria for evaluation.

Least Restrictive Environment - That environment which best meets the program needs of the child and to the maximum extent possible allows for education with children who are not handicapped. Several factors can be considered in determining the least restrictive environment for the child (e.g., behavioral, social, mobility, and sensory). Federal and State law requires that to the maximum extent possible a child be "educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aides and services cannot be achieved satisfactorily."

Long Term Objective - A statement describing expected behavioral achievement during the current academic year according to the unique needs of the individual child based on appropriate instrumentation and observation.

Multi-disciplinary Assessment - Those activities, tests, evaluations or processes completed by qualified personnel from a variety of disciplines that results in a comprehensive determination of eligibility and contributes to the development of an appropriate educational program. No single test or procedure shall be the sole criterion for determining eligibility or developing a student's IEP.

OAR(s) - Oregon Administrative Rules

Oregon Administrative Rules - Rules based on Oregon statute which apply to all areas of state government authority. Division 15 of Chapter 581 applies to special education.

Parent - The term "parent" includes a natural mother or father, adoptive mother or father, a legally appointed guardian or a surrogate parent.

Parent Notification - Notification of the parent including written statements in English or the primary language of the home, and oral communication in the primary language of the parent's home.

Personally Identifiable Information - Includes: (a) the name of the child, the child's parent, or other family member; (b) the address of the child; (c) a personal identifier, such as social security number or student number; or (d) a list of personal characteristics or other relevant information that would make it possible to identify the child with reasonable certainty.

Placement - That least restrictive environment where the child receives the services indicated on the IEP.

Placement Options - The various types of environments in which services can be delivered. See Continuum or Alternative Placements.

Prior Notice - Written notice which must be given to the parents of a handicapped child a reasonable time before the public agency: (a) proposes to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child, or (b) refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child.

Content of Notice: The notice must include:
(a) A full explanation of all of the procedural safeguards available to the parents.
(b) A description of the action proposed or refused by the agency, an explanation of why the agency proposes or refuses to take the action, and a description of any options the agency considered and the reasons why those options were rejected;
(c) A description of each evaluation procedure, test, record, or report the agency uses as a basis for the proposal or refusal; and
(d) A description of any other factors which are relevant to the agency's proposal or refusal.

The notice must be:
(a) Written in language understandable to the general public, and
(b) Provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.
(c) If the native language or other mode of communication of the parent is not a written language, the State or local educational agency shall take steps to insure: (1) that the notice is translated orally or by other means to the parent in his or her native language or other mode of communication; (2) that the parent understands the content of the notice, and (3) that there is written evidence that the requirements in paragraph (c) (1) and (2) of this section have been met.

Procedural Safeguards - Protections guaranteed the child and his family in evaluation, placement, due process, and confidentiality.

Progress Monitoring - Procedures designed by the teacher to maintain precise data on the progress of the child toward meeting his objectives.

Record Review - The review of school records to determine and/or verify the existence of school problems.

Re-evaluation - 94-142 requires that each handicapped child's IEP be re-evaluated at least once every year and that a diagnostic re-evaluation be completed at least once every third year.

Referral - The process of making the school district/another agency aware of problems and requesting specific services.

Related Services - "Includes transportation; and such developmental, corrective and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, special equipment, reader services, volunteer services to enhance special education programs, recreation, and medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and includes early identification and assessment of handicapping conditions in children." 1977 Oregon Senate Bill 38.

Screening - As defined in this set of procedures is intended to identify those children who might possibly require special education and to assist the school in deciding whether a child should be referred for diagnostic testing or possible special programming.

Short Term Objective - Specific measurable instructional strategies which are the intermediate steps to reaching the long term objectives.